

Membership Application for Retired Members
Retired memberships must be approved. You will be notified of your change in membership status after verification of eligibility.

| Name | PPA ID# |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Studio/Company Name | Web site |
| City | State |
| Phone | Email |
| Male Female Date | of birth |
| _ | d Membership is available for PPA Members who have been active members for at least 20 years before applying the retired from the photography industry and can no longer earn income in the industry. You may not own a te or advertise photography services. |
| Annual Dues: \$ | PLEASE NOTE Retired members are not eligible to: • Access Indemnification Trust • Be listed in the Find-a-Photographer database |
| membership with PPA for at least 20 | rom the photographic industry and no longer earn income there from. Further, I have had an active 0 years prior to this application for Retired membership. *I am aware that if it is made known that I am try as a professional photographer, my membership will be changed back to full membership and I will be |
| Signature: | Date: |
| (My signature on this | document attests that all statements made by me are true to the best of my knowledge.) |
| Payment (U.S. funds). | |
| TOTAL DUES | Visa MasterCard AMEX Check made out to PPA |
| Account number | Exp. date |
| Name on card | Signature |
| | Your signature indicates your agreement to abide by the PPA Code of Ethics. |